FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OPS Mail MII Processing Section

Washington, D.C. 20549

FORM D

JUL 1 1 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

Washington, DC UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB OMB Number: 3235-0076 Expires: July 31, 2008 Estimated average burden hours per

SI	EC USE ONLY	
		Serial

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Series A Preferred Stock

Filing Under (Check box(es) that apply): []Rule 504 Type of Filing: [x] New Filing []Amendment

[]Rule 505

IXIRule 506

[]Section 4(6)

form......16.00

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

Appellerator, Inc.

Address of Executive Offices

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

3535 Piedmont Road, 14 Piedmont Center, Suite 230, Atlanta, GA 30305

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

(if different from Executive Offices)

Brief Description of Business

Open source application development

Type of Business Organization

[X] corporation

[] limited partnership, already formed [] limited partnership, to be formed

[] other (please specify):

Year Month

[] business trust

[]Estimated Actual or Estimated Date of Incorporation or Organization: [0][6] [8][0] [X] Actual Jurisdiction of Incorporation or Organization: (enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not Required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
 and
- Each general and managing partner of partnership issuers.

Check box(es) that apply: []Promoter	[X]Beneficial Owner	[X]Executive Officer	[X]Director Mana	[]General and/or ging Partner
Full Name (Last Name first, if individual)				
Jeffrey G. Haynie				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
3535 Piedmont Road, 14 Piedmo	nt Center, Suite 230,	Atlanta, GA 30305		
Check box(es) that apply: []Promoter	[X]Beneficial Owner	[X]Executive Officer	[X]Director	[]General and/or Managing
Partner Full Name (Last Name first, if individual)				
Nolan Wright				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
3535 Piedmont Road, 14 Piedmo		•		
Check box(es) that apply: []Promoter	[]Beneficial Owner	[]Executive Officer	[X]Director	[]General and/or Managing
Partner	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last Name first, if individual)				
Ryan Floyd	10 0' 0 7'.	0-4-)		
Business or Residence Address (Number	·		0.4035	
c/o Storm Ventures Fund III, L.I				
Check box(es) that apply: []Promoter Partner	[X]Beneficial Owner	[]Executive Officer	[]Director	[]General and/or Managing
Full Name (Last Name first, if individual)		***		
Storm Ventures Fund III, L.P.				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
2440 Sand Hill Road, Menlo Par				
Check box(es) that apply: []Promoter	[]Beneficial Owner	[] Executive Officer	[]Director	[]General and/or Managing
Partner				
Full Name (Last Name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Zip (Code)		
Check box(cs) that apply: []Promoter	[]Beneficial Owner	[]Executive Officer	[]Director	[]General and/or
Carta control mar apply. []1 follows	Cleanage o miner	1 Januaran e omee.	[]=	Managing
Partner				
Full Name (Last Name first, if individual)				
Business or Residence Address (Number	and Street City State 7in f	Code)		
Dusiness of Residence Address (Number a	and Street, City, State, Zip (Codej		

(Use blank sheet or copy and use additional copies of this sheet as necessary.)

					B. INFO	RMATIO	N ABOU	T OFFE	RING				
			he issuer i endix, Col				ed investo	rs in this	offering'	?		Yes []	No [X]
1. What	is the mini	mum inve	stment that	will be a	ccepted fro	om any inc	lividual?					<u>\$0</u>	
												Yes []	No [X]
simila assoc dealer	ir remunera iated perso	ation for so on or agen han five (:	olicitation it of a brok	of purcha	sers in co er register	nection ved with the	vith sales ne SEC an	of securit d/or with	ties in th	e offering or states,	. If a pers list the n	any commis on to be list ame of the b orth the info	ed is an roker or
Full Nam	ie (Last na	me first, if	individual)									
N/A													
Business	or Reside	nce Addre	ess (Numbe	er and Stre	et, City, S	tate, Zip C	Code)						
Name of	Associated	d Broker o	r Dealer										
States in	which per	son listed	l has solici	ted or inte	ends to so	licit purch	nasers				<u>-</u>	······	
(Check ". [AL] [IL]	All States' [AK] [IN]	(AZ)	individual [AR]	[CA]	[CO] [LA]	[CT] [ME]	[DE]	[DC] [MA]	[FL] [MI]	[] All S [GA] [MN]	tates [HI] [MS]	[ID] [MO]	
[MT] [RI]	[NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[NM] [UT]	(NY) (VT)	[MD] [NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[MS] [OR] [WY]	[PA] [PR]	
Full Nan	ne (Last na	me first, if	individual)									
Business	or Reside	nce Addre	ess (Numbe	er and Stre	et, City, S	tate, Zip (Code)						
Name of	Associated	Broker o	r Dealer	*** **********************************									
States in	which per	son listed	has solici	ted or inte	ends to so	licit purch	nasers				<u></u> .		
(Check ".	All States'	or check	individual	States)	•••••			••••••		[] All St	ates		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Nam	ne (Last na	me first, if	individual)									
Business	or Reside	ence Addre	ess (Numbe	er and Stre	et, City, S	tate, Zip C	Code)			'-			
Name of	Associated	d Broker o	r Dealer		_			- .					
States in	which per	son listed	l has solici	ted or inte	ends to so	licit purch	nasers					<u>.</u> .	
(Check ".	All States'	or check	individual	States)				•••••		[] All St	tates		
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCE	EEDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$ <u>4,139,996.95</u>	\$ 4,139,996.95
[] Common [X] Preferred		* <u></u>
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$ \$	\$
Other (Specify:)	\$	<u> </u>
Total	\$ \$_4,139,996.95	\$ 4,139,996.95
10(a)	3 <u>4,139,990.93</u>	\$ <u>4,139,990.93</u>
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	6	\$ 4, <u>139,996.95</u>
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
T	Type of Security	Dollar Amount
Type of Offering		Sold \$
Rule 505		\$
Regulation A		\$
Total		\$ 0.00
10tal		<u> </u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	[]	\$
Printing and Engraving Costs	[]	\$
Legal Fees	[x]	\$
Accounting Fees	[]	\$
Engineering Fees	[]	\$
Sales Commissions (specify finders' fees separately)	[]	\$
Other Expenses (identify)	[]	\$
Total	[x]	\$ <u>70,000</u>
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>4,069,996.95</u>

C. OFFERING PRICE, NUMBER OF INVI	ESTORS, EXPENSES AND USE O	F PRO	CEEDS		
5. Indicate below the amount of the adjusted gross prused for each of the purposed shown. If the amoestimate and check the box to the left of the estin equal the adjusted gross proceeds to the issuer se above.	unt for any purpose is not known nate. The total of the payments lis	, furni ted mı	sh Ist		
			Payments T Officers, Directors of Affiliates	&	Payments To Others
Salaries and fees		[]	\$		\$
Purchase of real estate		[]	\$	_ []	\$
Purchase, rental or leasing and installation of machin	ery and equipment	[]	\$	[]	\$
Construction or leasing of plant buildings and facilit	ies	[]	\$	[]	\$
Acquisition of other businesses (including the value offering that may be used in exchange for the assets pursuant to a merger)	s or securities of another issuer	[]	\$	[]	\$
Repayment of indebtedness		[]	\$	[]	\$
Working capital		[]	\$	[X]	\$_4,069,996.9 <u>5</u>
Other (specify)		[]	\$	_ []	\$
Column Totals		[]	\$	[X]	\$ <u>4,069,996.95</u>
Total Payments Listed (column totals added)			\$ <u>4</u>	,069,996.95	<u>'</u>
•					
PARTIE DE LA CONTRACTION DEL CONTRACTION DE LA C	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the equest of its staff, the information furnished by the issu	e issuer to furnish to the U.S. Secu	rities	and Exchange	: Commissio	n, upon written
Issuer (Print or Type) Appcelerator, Inc.	Signature			Date 7/9/	108
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Jeffrey G. Haynie	Chief Executive Officer				
	ATTENTION				
	ATTENTION				· · · · · · · · · · · · · · · · · · ·

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No
rule?	[]	[X]

See Appendix, Column 5, for state response

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such time as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and had duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

Appcelerator, Inc.

Name of Signer (Print or Type)

Jeffrey G. Haynie

Signature

7/9/08

Title of Signer (Print or Type)

Chief Executive Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPEN							
1	to Non-	d to Sell Accredited rs in State 3-Item 1)	Type of Security and Aggregate Offering Price Offered in State (Part C-Item 1)	4 Type of Investor and Amount Purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes No			Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA		X	Series A Preferred \$4,124,997.57	5	\$4,124,997.57	0	0		X		
СО	!										
СТ											
DE											
DC											
FL											
GA		X	Series A Preferred \$14,999.38	1	\$14,999.38	0	0		x		
HI											
ID						11200					
IL											
IN											
IA											
KS											
KY											
LA											
ME											
MD MA							_				
MI											
MN											
MS		-									

				APPEN	DIX	4		,	
1	Intend to Non-A	2 I to Sell Accredited rs in State I-Item 1)	Type of Security and Aggregate Offering Price Offered in State (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State MO	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									
NE									
NV									
NH									
NJ									
NM		111211111111111111111111111111111111111							
NY					-				
NC									
ND									
ОН				-					
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI								<u> </u>	

				APPEN	DIX				
1	1 2 3 4								5
	to Non-A	to Sell Accredited is in State	Type of Security and Aggregate Offering Price Offered in State (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

